ADULT DAY SERVICES Application/Registration

Name:_____Date of Birth:_____/_____/____

Please indicate which campus you would like to attend:

____ **Allyn Hub** – 1414 Lake Allyn Rd., Batavia ____ **Drex Hub** – 2300 Drex Ave., Norwood ____ **Parkcrest Hub**- 3330 Parkcrest Lane, Cincinnati

General Information: (PLEASE PRINT USING BLACK OR BLUE PEN)

Last Name_____
First Name_____
Middle Initial _____
Nickname _____
Street_____
City_____ State _____ Zip _____
County _____
Phone (___) _____
Age_____ Date of Birth ____/____/_____
Height _____ Weight _____
Sex: Male____ Female_____

Demographics: For United Way Reporting

Appalachian __ Asian __ Black__ Hispanic __
Native American __ White __ Other__

Does Individual Live in Family Home? ____yes ____no
Individual's Household Income $_____
Family's Household Income $_____
Family's Household Size _____

Service Facilitator/SSA/Third Party Funding Contact (if applicable)
Name_____
County_____
Phone # (_____) _____
Email _____
Medicaid # _____ Waiver yes no
(circle one)

___ Waiver—Independent Option (IO)
___ Waiver—Level One (L1)
___ Waiver—Self
___ County Contract or Independent Budget
___ Private Pay

Residential Facility Name (If applicable)

_____

_____

Facility Manager _____
Phone (_____) _____
Email _____

Mother/Guardian Last Name _____
First Name_____
Relationship to Participant _____
Cell Phone: (____) _____
Employer: _____
Work Phone(___) _____
Email: _____
Street_____
City_____ State_____ Zip_____

Father/Guardian Last Name _____
First Name _____
Relationship to Participant _____
Cell Phone(___) _____
Employer _____
Work Phone(____) _____
Email _____
Street_____
City _____ State____ Zip _____

For questions about filling out this application please contact Client Services @ 513-965-5108
Stepping Stones Adult Day Services has a two step process for enrollment:

1. Complete this Participant Application, which provides a thorough profile of the participant enrolling for program services.
2. Have a physician complete, sign and date the Master Medical Form.

The Participant Application and Master Medical Form must be received before consideration will be given for program enrollment. Partial or incomplete forms will be returned for completion.
Please mail to: **Client Services Stepping Stones 5650 Given Rd. Cincinnati, OH 45243 or email to jeannie.ludwig@SteppingStonesOhio.org or fax to: 1-877-913-1293**

Stepping Stones does not discriminate on the basis of race, ethnicity, national origin, religion, gender, disability, age or ancestry.

Emergency Contacts

Stepping Stones will attempt to contact Parent/Guardian first.
Please list 2 additional contacts.

Name_____ **Name**_____

Relationship _____ Relationship _____

Work Phone (_____) _____ Work Phone (_____) _____

Home Phone (_____) _____ Home Phone (_____) _____

Cell Phone (_____) _____ Cell Phone (_____) _____

Photo Release

I consent to and authorize the use and reproduction by Stepping Stones, Rotary Club, Rotary Foundation of Cincinnati and the United Way of any and all photographs and any other audio-visual materials taken of participant for promotional materials, educational activities, exhibitions or for any use for all the benefit of the program.

PLEASE CHECK ONE BOX FOR PHOTO RELEASE

☐ **ACCEPT** ☐ **DECLINE**

Emergency Medical Treatment Release

CONSENT PLAN

In the event that emergency medical aid/treatment is required due to Illness or injury during the process of receiving services, or while being on Stepping Stones' Hub, I authorize Stepping Stones to:

1. Secure and maintain medical treatment and transportation necessary.
2. Release information upon request from the individual/agency involved in the emergency medical treatment.

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be involved if the person designated is unable to be reached.

NON-CONSENT PLAN

I ***DO NOT*** give consent for emergency medical aid/treatment in the case of injury or illness while receiving services on Stepping Stones' Hub. I wish the following to take place:

_____

_____

_____

_____

_____

_____

PLEASE CHECK ONE BOX FOR MEDICAL TREATMENT RELEASE

☐ **CONSENT** ☐ **DO NOT CONSENT**

PLEASE CHECK BOX FOR SUNSCREEN AND/OR BUG REPELLANT RELEASE

All individuals enrolled in programs operated by Stepping Stones will have **sunscreen #30** applied by staff as needed during the summer months. Please provide your consent for **sunscreen**.

☐ **CONSENT** ☐ **DO NOT CONSENT**

All individuals enrolled in programs operated by Stepping Stones will have **bug repellant** applied by staff as needed during the summer months. Please provide your consent for **bug repellant**.

☐ **CONSENT** ☐ **DO NOT CONSENT**

General Release and Indemnity Agreement

In consideration of the acceptance of participant named below for any of the programs provided by Stepping Stones Hub, collectively "Stepping Stones " the undersigned hereby assumes complete and sole responsibility for any loss, injury to person or death or damage to property sustained or incurred by the participant arising out of and/or relating to any activity including, but not limited to, (the word activity is defined as any activity that takes place at any Stepping Stones Programs), transportation to and from Stepping Stones Hub, transportation to and from all outings and participation in any of the above contemplated services. The undersigned agrees to allow the participant to participate in outings and in travel involved as a part of Stepping Stones programs.

The undersigned, for himself/herself or as a parent and legal guardian hereby releases, acquits and forever discharges Stepping Stones, Camp Allyn, Rotary of Cincinnati, any agency with which any of these organizations may be affiliated, their officers, employees, trustees, volunteers, agents and any members of each of them, from and against any and all damages, liabilities, causes of action or injuries, or obligations of any nature whatsoever, past, present or future, known or unknown, arising out of or in any way relating to any activity including, but not limited to transportation to and from any Stepping Stones Programs. It is my further intention to release the aforementioned entities and individuals from any and all actions, causes of action, claims, damages, judgments, loss, cost or expenses, including attorney fees, known or unknown at this time whenever incurred, of whatever nature, related to any harm, personal loss injury, illness, addiction, emotional trauma, or death the undersigned incurs, contracts or suffers whether caused by or in any way contributed to by the negligence of any of the aforementioned organizations.

Stepping Stones reserves the right to exclude any participant that may pose a risk of harm. Program Administration will consider behavior, health and safety and potential risk before recommending exclusion. In further consideration of acceptance I agree to defend, indemnify and hold harmless Stepping Stones, Rotary Club of Cincinnati and any agency with which any of these organizations may be affiliated, their officers, employees, trustees, volunteers, agents and any members of each of them, from and against any and all claims, demands, actions, causes of action or injuries, or obligations of any nature whatsoever, arising out of or in any way related to any activity including, but not limited to transportation to and from Stepping Stones Hub Programs, transportation to and from all outings and participation in any of the above contemplated services.

If you are utilizing third party funding, your signature is authorizing us to contact the Service & Support Administrator (SSA) County for additional information as needed.

PERSONAL MEDICAL INSURANCE: I DO _____ I DO NOT _____ carry medical insurance
Health Insurance Provider_____ Policy / Medicaid Number _____

Does the participant have a DNR (DO NOT RESUSCITATE) and/or a LIVING WILL? _____ yes _____ no
If yes, please attach legal documentation. (Please call 513-965-5108 with questions.)

PARTICIPANT NAME _____

I have read and agreed to the above statements.

____/____/____ _____
DATE SIGNATURE OF LEGAL GUARDIAN

_____
PRINT NAME